

SUMMARY OF REGULAR POLICY CHANGES FISCAL YEAR 2009-10

POLICY CHG. NO.	CATEGORY & TITLE	TOTAL FUNDS	FEDERAL FUNDS	STATE FUNDS
ELIGIBILITY				
1	FAMILY PLANNING INITIATIVE	\$516,404,000	\$337,980,900	\$178,423,100
2	BREAST AND CERVICAL CANCER TREATMENT	\$135,156,000	\$71,442,800	\$63,713,200
3	CHDP GATEWAY - PREENROLLMENT	\$18,721,000	\$12,168,650	\$6,552,350
4	BRIDGE TO HFP	\$15,588,000	\$10,132,200	\$5,455,800
5	REFUGEES	\$7,103,000	\$0	\$7,103,000
6	PE FOR HFP DISENROLLEES	\$3,179,360	\$1,589,680	\$1,589,680
7	SHIFT OF CCS STATE/COUNTY COSTS TO MEDI-CAL	\$900,000	\$450,000	\$450,000
8	STATE-FUNDED KINGAP	\$2,000	\$0	\$2,000
9	CRAIG V. BONTA LAWSUIT	\$220,000	\$110,000	\$110,000
10	PE FOR CHILDREN UNDER TITLE XXI CLAIMS ADJUS	\$0	\$0	\$0
11	NEW QUALIFIED ALIENS	\$0	-\$121,577,000	\$121,577,000
12	RESOURCE DISREGARD - % PROGRAM CHILDREN	\$0	\$28,923,150	-\$28,923,150
13	ACCELERATED ENROLLMENT-SCHIP TITLE XXI	\$0	\$0	\$0
14	REDUCE CEC AND IMPLEMENT MID-YEAR STATUS R	-\$183,804,000	-\$91,902,000	-\$91,902,000
160	ADDITIONAL CASELOAD INCREASE	\$211,687,140	\$105,843,570	\$105,843,570
162	MONTH-TO-MONTH ELIGIBILITY FOR UNDOC IMMIGR	-\$142,375,760	-\$71,187,880	-\$71,187,880
163	NEW QUALIFIED ALIENS - PRUCOL ROLLBACK	-\$64,584,000	\$75,349,000	-\$139,933,000
165	1931(B) EXPANSION ROLLBACK	-\$176,440,000	-\$88,220,000	-\$88,220,000
166	AGED & DISABLED EXPANSION REDUCTION	-\$371,574,000	-\$185,787,000	-\$185,787,000
168	PROGRAM INTEGRITY AND ELIGIBILITY VERIFICATIC	-\$204,000	-\$102,000	-\$102,000
	ELIGIBILITY SUBTOTAL	-\$30,021,270	\$85,214,070	-\$115,235,340
BENEFITS				
16	ADULT DAY HEALTH CARE - CDA	\$423,494,000	\$211,747,000	\$211,747,000
17	LOCAL EDUCATION AGENCY (LEA) PROVIDERS	\$92,165,000	\$92,165,000	\$0
18	MULTIPURPOSE SENIOR SERVICES PROGRAM-CDA	\$45,464,000	\$22,732,000	\$22,732,000
19	FPACT IMPLANON AND ESSURE	\$3,867,600	\$0	\$3,867,600
20	MONEY FOLLOWS THE PERSON DEMONSTRATION C	\$17,259,000	\$12,751,000	\$4,508,000
21	CONLAN V. BONTA	\$1,322,000	\$640,000	\$682,000
22	HOME TOCOLYTIC THERAPY	\$1,536,920	\$768,460	\$768,460
23	NEWBORN HEARING SCREENS EXPANSION	\$465,410	\$232,700	\$232,700
24	NF A/B LEVEL OF CARE GROWTH	\$1,256,840	\$628,420	\$628,420
28	FAMILY PACT STATE ONLY SERVICES	\$0	-\$2,000,000	\$2,000,000
29	SCHIP FUNDING FOR PRENATAL CARE	\$0	\$114,116,600	-\$114,116,600
30	CDSS SHARE OF COST PAYMENT FOR IHSS	\$0	-\$4,287,000	\$4,287,000
31	DME CONTRACTING PROJECT SAVINGS	-\$1,620,000	-\$810,000	-\$810,000
32	MONEY FOLLOWS THE PERSON DEMONSTRATION S	-\$20,651,000	-\$10,325,500	-\$10,325,500
33	EXPANSION OF NF/AH WAIVER (SB 643)	-\$2,549,000	-\$1,274,500	-\$1,274,500

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<u>BENEFITS</u>				
34	ADULT DAY HEALTH CARE REFORMS	-\$33,985,000	-\$16,992,500	-\$16,992,500
35	UNSPECIFIED BUDGET REDUCTION	-\$646,594,000	-\$323,297,000	-\$323,297,000
164	DISCONTINUE ADULT OPTIONAL BENEFITS	-\$258,782,000	-\$129,391,000	-\$129,391,000
	BENEFITS SUBTOTAL	-\$377,350,240	-\$32,596,320	-\$344,753,920
<u>PHARMACY</u>				
36	HIV/AIDS PHARMACY PILOT PROGRAM	\$99,000	\$0	\$99,000
37	NON FFP DRUGS	\$0	-\$417,000	\$417,000
38	MAXIMUM ALLOWABLE INGREDIENT COST FOR GEN	-\$2,000,000	-\$1,000,000	-\$1,000,000
39	COAGULATION FACTOR STATE SUPPLEMENTAL REI	-\$2,088,000	-\$1,044,000	-\$1,044,000
40	PHARMACY TAR AUTO-ADJUDICATION	-\$3,156,000	-\$1,578,000	-\$1,578,000
41	MEDICAL SUPPLY CONTRACTING	-\$5,098,380	-\$2,549,190	-\$2,549,190
42	NEW THERAPEUTIC CATEGORY REVIEWS/REBATES	-\$5,200,160	-\$2,600,080	-\$2,600,080
43	MEDICAL SUPPLY REBATES	-\$6,000,000	-\$3,000,000	-\$3,000,000
44	ENTERAL NUTRITION PRODUCTS	-\$9,112,500	-\$4,556,250	-\$4,556,250
45	AGED DRUG REBATE RESOLUTION	-\$8,000,000	-\$4,000,000	-\$4,000,000
46	FAMILY PACT DRUG REBATES	-\$43,958,000	-\$18,409,600	-\$25,548,400
47	DISPUTED DRUG REBATE RESOLUTIONS	-\$44,000,000	-\$22,312,100	-\$21,687,900
48	STATE SUPPLEMENTAL DRUG REBATES	-\$350,539,000	-\$175,815,100	-\$174,723,900
49	FEDERAL DRUG REBATE PROGRAM	-\$842,735,000	-\$422,678,700	-\$420,056,300
	PHARMACY SUBTOTAL	-\$1,321,788,040	-\$659,960,020	-\$661,828,020
<u>MANAGED CARE</u>				
53	MANAGED CARE INTERGOVERNMENTAL TRANSFER	\$360,554,000	\$177,777,000	\$182,777,000
57	MANAGED CARE EXPANSION - SONOMA	\$28,429,000	\$14,214,500	\$14,214,500
59	COVERAGE FOR FORMER AGNEWS RESIDENTS	\$17,092,000	\$8,546,000	\$8,546,000
64	MANAGED CARE EXPANSION - PLACER	\$590,000	\$295,000	\$295,000
65	MANAGED CARE EXPANSION - SAN LUIS OBISPO	-\$35,569,860	-\$17,784,930	-\$17,784,930
67	HEALTH INSURANCE ORGANIZATION	\$50,706,000	\$25,353,000	\$25,353,000
68	MANAGED CARE EXPANSION - MERCED	\$32,167,000	\$16,083,500	\$16,083,500
69	ADDITION OF LTC AND CHDP TO THE HPSM	\$13,189,000	\$6,594,500	\$6,594,500
70	AIDS HEALTHCARE CENTERS (FULL RISK)	-\$5,083,000	-\$2,541,500	-\$2,541,500
71	WORKING DISABLED IN MANAGED CARE	\$569,000	\$284,500	\$284,500
72	FFS COSTS FOR MANAGED CARE ENROLLEES	\$0	\$0	\$0
159	QIF SUNSET FOR MANAGED CARE	-\$171,992,000	-\$85,996,000	-\$85,996,000
	MANAGED CARE SUBTOTAL	\$290,651,140	\$142,825,570	\$147,825,570
<u>PROVIDER RATES</u>				
74	NF-B RATE CHANGES AND QA FEE	\$365,637,590	\$182,818,800	\$182,818,800

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<u>PROVIDER RATES</u>				
75	FQHC/RHC RECONCILIATION PROCESS	\$74,183,000	\$37,091,500	\$37,091,500
76	LTC RATE ADJUSTMENT	\$115,346,180	\$57,673,090	\$57,673,090
77	ANNUAL MEI INCREASE FOR FQHCS/RHCS	\$42,734,160	\$21,367,080	\$21,367,080
78	FAMILY PLANNING RATE INCREASE	\$5,487,290	\$2,743,640	\$2,743,640
79	HOSPICE RATE INCREASES	\$17,438,140	\$8,719,070	\$8,719,070
80	MIRENA IUC REIMBURSEMENT	\$1,307,250	\$843,910	\$463,340
82	NON-SPCP HOSPITAL REIMBURSEMENT CHANGE	-\$43,418,930	-\$21,709,460	-\$21,709,460
83	REDUCTION TO NON-CONTRACT HOSPITALS	-\$23,628,960	-\$11,814,480	-\$11,814,480
84	REDUCTION TO LTC PROVIDER PAYMENTS	-\$39,069,730	-\$19,534,860	-\$19,534,860
86	REDUCTION TO PROVIDER PAYMENTS	-\$21,113,360	-\$10,394,240	-\$10,719,130
158	FQHC ADHC REIMBURSEMENT METHODOLOGY	-\$5,169,020	-\$2,584,510	-\$2,584,510
	PROVIDER RATES SUBTOTAL	\$489,733,610	\$245,219,540	\$244,514,070
<u>HOSPITAL FINANCING</u>				
87	HOSP FINANCING - DSH PMT	\$1,621,250,000	\$1,113,260,000	\$507,990,000
88	HOSP FINANCING - PRIVATE HOSPITAL DSH REPLAC	\$503,464,000	\$251,732,000	\$251,732,000
89	HOSP FINANCING - SAFETY NET CARE POOL	\$434,021,000	\$434,021,000	\$0
90	HOSP FINANCING - HEALTH CARE COVERAGE INITIA	\$180,000,000	\$180,000,000	\$0
91	HOSP FINANCING - PRIVATE HOSPITAL SUPP PMT	\$245,336,000	\$122,668,000	\$122,668,000
92	HOSP FINANCING-DPH PHYSICIAN & NON-PHYSICIAI	\$77,625,000	\$77,625,000	\$0
93	HOSP FINANCING - SOUTH LA PRESERVATION FUNE	\$100,000,000	\$100,000,000	\$0
94	HOSP FINANCING - STABILIZATION FUNDING	\$43,500,000	\$21,750,000	\$21,750,000
95	HOSP FINANCING - DPH INTERIM RATE GROWTH	\$51,009,000	\$25,504,500	\$25,504,500
96	HOSP FINANCING - DISTRESSED HOSPITAL FUND	\$30,026,000	\$15,013,000	\$15,013,000
97	HOSP FINANCING - CCS AND GHPP	\$40,000,000	\$40,000,000	\$0
98	HOSP FINANCING - DPH INTERIM & FINAL RECONS	\$31,000,000	\$31,000,000	\$0
99	HOSP FINANCING - NDPH SUPPLEMENTAL PMT	\$3,800,000	\$1,900,000	\$1,900,000
100	HOSP FINANCING - MIA LTC	\$0	\$20,675,000	-\$20,675,000
101	HOSP FINANCING - BCCTP	\$0	\$1,000,000	-\$1,000,000
102	BASE ADJUSTMENT - DPH INTERIM RATE	\$0	\$489,626,000	-\$489,626,000
169	REDUCTION TO HOSP. FINANCING-DPH SNCP BY 10'	-\$6,943,000	\$0	-\$6,943,000
	HOSPITAL FINANCING SUBTOTAL	\$3,354,088,000	\$2,925,774,500	\$428,313,500
<u>SUPPLEMENTAL PMNTS.</u>				
103	HOSPITAL OUTPATIENT SUPPLEMENTAL PAYMENT	\$195,000,000	\$195,000,000	\$0
104	CAPITAL PROJECT DEBT REIMBURSEMENT	\$107,558,000	\$55,954,000	\$51,604,000
105	FREESTANDING CLINICS & VETERANS' HOMES SUPP	\$68,150,000	\$68,150,000	\$0
106	IGT FOR NON-SB 1100 HOSPITALS	\$100,000,000	\$50,000,000	\$50,000,000
107	FFP FOR LOCAL TRAUMA CENTERS	\$59,730,000	\$29,865,000	\$29,865,000

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SUPPLEMENTAL PMNTS.				
108	CERTIFICATION PAYMENTS FOR DP-NFS	\$52,400,000	\$52,400,000	\$0
109	DSH OUTPATIENT PAYMENT METHOD CHANGE	\$10,000,000	\$5,000,000	\$5,000,000
110	SRH OUTPATIENT PAYMENT METHOD CHANGE	\$8,000,000	\$4,000,000	\$4,000,000
	SUPPLEMENTAL PMNTS. SUBTOTAL	\$600,838,000	\$460,369,000	\$140,469,000
OTHER				
119	RECONCILIATION WITH BUDGET ACT-OTHER DEPAR	\$111,251,000	\$111,251,000	\$0
121	ICF-DD TRANSPORTATION AND DAY CARE COSTS- C	\$44,000,000	\$44,000,000	\$0
124	HEALTHY FAMILIES - CDMH	\$28,434,000	\$28,434,000	\$0
127	MINOR CONSENT SETTLEMENT	\$8,359,000	\$0	\$8,359,000
129	NONCONTRACT HOSP INPATIENT COST SETTLEMEN	\$11,101,000	\$5,550,500	\$5,550,500
131	SELF-DIRECTED SERVICES WAIVER - CDDS	\$4,617,000	\$4,617,000	\$0
135	TWO-PLAN MODEL NOTICES OF DISPUTE	\$1,000,000	\$0	\$1,000,000
136	ESTATE RECOVERY MEDICARE PREMIUMS	\$2,092,000	\$1,046,000	\$1,046,000
138	PERSONAL INJURY FEDERAL REPAYMENTS	\$0	-\$2,400,000	\$2,400,000
139	CIGARETTE AND TOBACCO SURTAX FUNDS	\$0	\$0	\$0
140	ANTI-FRAUD EXPANSION FOR FY 2006-07	\$0	\$0	\$0
141	NON-INSTITUTIONAL PROVIDER OVERPAYMENTS	\$0	-\$56,000,000	\$56,000,000
142	STATE-ONLY IMD ANCILLARY SERVICES	\$0	-\$12,000,000	\$12,000,000
143	INDIAN HEALTH SERVICES	\$0	\$10,500,000	-\$10,500,000
145	ANTI-FRAUD EXPANSION FOR FY 2009-10	-\$39,026,520	-\$19,513,260	-\$19,513,260
146	EDS COST CONTAINMENT PROJECTS	-\$229,440	-\$114,720	-\$114,720
147	ENHANCED RECOVERIES GENERATED BY DRA OF 2	\$0	\$0	\$0
148	MEDICAL SUPPORT ENHANCEMENTS	-\$1,300,450	-\$650,230	-\$650,220
151	ANTI-FRAUD EXPANSION FOR FY 2007-08	-\$13,553,910	-\$6,776,960	-\$6,776,960
152	ANTI-FRAUD EXPANSION FOR FY 2008-09	-\$94,665,870	-\$47,332,940	-\$47,332,930
153	DISCONTINUE PART B PREMIUM FOR UNMET SOC B	-\$69,852,000	\$0	-\$69,852,000
170	INSTITUTIONAL PROVIDER CHECKWRITE DELAY	\$171,076,000	\$85,538,000	\$85,538,000
	OTHER SUBTOTAL	\$163,301,810	\$146,148,400	\$17,153,410
	GRAND TOTAL	\$3,169,453,020	\$3,312,994,740	-\$143,541,730

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